SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

| | SPAC INSTRUCTION G | OIDE explains how to complete | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: |
|----|---|---|---|--|
| 3 | COMMITTEE NAME | · | | OFFICE USE ONLY |
| | Rebu | ild Houston/Together | | Date Received |
| | COMMITTEE ADDRESS | ADDRESS / POBOX. APT / SUITE #: P.O. Box 13095; Houston, TX 77; | | Receipt # |
| | TREASURER NAME | TITLE FIRST DOT NICKNAME LAST | MI SUFFIX | HD / PM Amount Date Processed |
| | | Jordan | | Date Imaged |
| 6 | CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) | P.O. Box 130952 Houston, TX 77219 | SUITE#, CITY; STATE | ZIP CODE |
| 7 | CAMPAIGN TREASURER'S MAILING ADDRESS Same as Above Change of Address (from Form STA). | STREET OR PO BOX; APT / | SUITE#: CITY, STATE; | ŹIP CODE |
| 8 | CAMPAIGN TREASURER PHONE | (713) 861-0902 | EXTENSION | |
| 9 | REPORT TYPE | January 15 July 15 | 30th day before election Brinday before election Runoff | Exceeded \$500 limit Dissolution (attach SPAC-DR) 10th day after campaign treasurer termination |
| 10 | PERIOD COVERED | Month Day Year | THROUGH | Month Day Year 10 / 27 / 01 |
| 11 | ELECTION . | ELECTION DATE EL Month Day Yeer 11/6 01 | ECTION TYPE Primary Runofi | X General Special |
| | | GO T | O PAGE 2 | |

SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC PG 2

| 11 COMMITTEE NAME | | | 12 ACCOUNT# |
|--------------------------------------|--|---|--|
| 미 | Rebuild | Houston/ Together | |
| SPECIFIC COMMITTEE PURPOSE | CANDIDATE OFFICE- HOLDER | CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | OFFICE USE |
| OPPOSE ASSIST (office)volders only) | MEASURE Identified Unidentified | DESCRIPTION Support passage of C election on November | |
| NO REPORTABLE ACTIVITY | Check here if n | o reportable activity occurred during this reporting period. (S. | ign affidavit below end submit pages 1 and 2 only) |
| 15 | 1. TOTAL POLIT PLEDGES, LO | TICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TO DANS, OR GUARANTEES OF LOANS), UNLESS ITE | THAN S |
| CONTRIBUTION AND LOAN | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 177,650.00 |
| TOTALS | 3. TOTAL PRINI AS OF THE L | CIPAL AMOUNT OF ALL OUTSTANDING LOANS AST DAY OF THE REPORTING PERIOD | \$ |
| EXPENDITURE TOTALS | 4. TOTAL POLI | TICAL EXPENDITURES OF \$50 OR LESS, UNLESS | ITEMIZED \$ |
| | 5. TOTAL PO | LITICAL EXPENDITURES | \$ 506,296.05 |
| AFFIDAVIT | NICHOLE S. SIKING MY COMMISSION EXPI | includes all information Election Code. | ne accompanying report is true and correct and required to be reported by me under Title 15, |
| February 26, 20 | | 2 | Signature of campaign treasurer |
| Sworn to and subscribe | y STAMP / SEAL ABOVE d before me, by the sa which, witness my har | id and seal of office. | this the 39th day of October |
| Muhall Signature of office | administering path | Nichalle S. S. Kungar Print name of officer administering oath | Title of officer administering oath |
| Signature of other | - | H ADDITIONAL COPIES OF THIS FORM A | AS NEEDED |

| | ····· | | | | |
|-------------------|--|----------|-----------------|---|--|
| The Instruction | Guide explains how to complete this | form. | | | Total pages this Schedule A1: 1 |
| FILER NAME: | Rebuild Houston/Together | | | | ACCOUNT # (Ethics Commission filers) |
| Date 10-2-2001 | Full name of contributor Vinson & Elkins, LLP | out | ot state PAC | Amount of contribution (\$) \$10,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Houston, TX 77002 | Zip Code | | | |
| Principal occup | ration (Optional) | 1 | Employer | (Optional) | <u> </u> |
| Date | Full name of contributor | l | ot state PAC | Amount of | In-kind contribution |
| 10-2-2001 | Tindall & Foster, P. C. | | | contribution (\$) \$150.00 | description (if evailable) |
| | Contributor address; City; State; Houston, TX 77002-3094 | Zip Code | | | |
| Principal occup | oation (Optional) | | Employer | (Optional) | |
| Date 10-5-2001 | Full name of contributor Baker & Botts, LLP | □ on | t of state PAC | Amount of contribution (\$) \$10,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Houston, TX 77002 | Zip Code | | Ψ10,000.00 | |
| Principal occup | pation (Optional) | | Employer | (Optional) | <u> </u> |
| Date | Full name of contributor | Ou | t ot state PAC | Amount of contribution (\$) | In-kind contribution description (if available) |
| 10-19-2001 | Mark Metyko | · | | \$1,000.00 | |
| 1 | Contributor address; City; State; | Zip Code | | | |
| | Houston, TX 77077 | | | | |
| Principal occup | pation (Optional) | | Employer | (Optional) | |
| Date 10-23-2001 | Full name of contributor Robert M. Eury | | it of state PAC | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Houston, TX 77019 | Zip Code | | ψ100.00 | |
| Principal occup | pation (Optional) | | Employer | (Optional) | |

SCHEDULE C (FOR FORMS C/OH & SPAC)

Total pages this Schedule: 10 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) FILER NAME: Rebuild Houston/Together In-kind contribution Amount of Out of state PAC Full name of contributor Date description (II available) contribution (\$) Turner, Collie & Braden, Inc. 9-29-2001 \$10,000.00 Zip Code Contributor address; City; State; Houston, TX 77219 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of out of state PAC Date Full name of contributor description (if available) contribution (\$) Alexander Engineering, Inc. 10-1-2001 \$1,000.00 Zip Code Contributor address; City; State; Spring, TX 77388 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution out of state PAC Full name of contributor Date contribution (\$) description (if available) 10-1-2001 Atser \$5,000.00 Zip Code Contributor address: ity: State; Houston, TX 77060 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of out of state PAC Date Full name of contributor contribution (\$) description (if available) 10-1-2001 Traffic Engineers, Inc. \$5,000.00 City; State; Zip Code Contributor address; Frouston, TX //0/4 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution Out of state PAC Full name of contributor Date description (if available) contribution (\$) TSC Engineering Company 10-1-2001 \$2,500.00 Zip Code Contributor address: City; State; Houston, TX 77057-7304 Employer (Optional) Principal occupation (Optional) In-kind contribution description (if available) Amount of Full name of contributor out of state PAC Date contribution (\$) Reliant Energy 10-2-2001 \$25,000.00 Contributor address ity; State; Zip Code Houston, TX 77210-4567 Employer (Optional) Principal occupation (Optional)

| The Instruction | Guide explains how to complete this form. | | | Total pages this Schedule: 10 |
|-------------------|--|-----------------|---|--|
| FILER NAME: | Rebuild Houston/Together | | ACCOUNT # (Ethics Commission fliers) | |
| Date 10-4-2001 | STOA Int'l Architects, Inc. | it of state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| • | Contributor address: Code | | | |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-8-2001 | Full name of contributor Huitt-Zollars, Inc. | nt ot state PAC | Amount of contribution (\$) \$10,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code Houston, TX 77040-5719 | | \$10,000.00 | |
| Principal occup | nation (Optional) | Employer | (Optional) | |
| Date 10-8-2001 | Full name of contributor Dynegy | of state PAC | Amount of contribution (\$) \$5,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code FIOUSION, TX 77002 | | | |
| Principal occup | nation (Optional) | Employer | (Optional) | |
| Date 10-9-2001 | Wayne Smith & Associates, Inc. Contributor address; City; State; Zip Code | it of state PAC | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (If available) |
| D-iil | riouston, TX 77029 | Employer | (Optional) | |
| | pation (Optional) | | Amount of | In-kind contribution |
| Date 10-9-2001 | BRH-Garver, Inc. Contributor address; City; State; Zip Code | at nt state PAC | \$5,000.00 | description (if available) |
| Di i i | Frouston, TX 77023 | Employer | (Optional) | |
| | pation (Optional) | | | 6-1:1-d |
| Date 10-11-200 | | al of state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (If available) |
| | Contributor address; City: State: Zin Code Houston, TX 77042 | | | : |
| Principal occup | pation (Optional) | Employer | (Optional) | <u> </u> |

SCHEDULE C

(FOR FORMS C/OH & SPAC)

| The Instruction | Total pages this Schedule: 10 | | | |
|--------------------|---|-----------------|--|--|
| FILER NAME: | ACCOUNT # (Ethics Commission filers) | | | |
| Date 10-11-200 | | n ot state PAC | Amount of contribution (\$) \$5,000.00 | In-kind contribution description (If available) |
| Principal occup | pation (Optional) | Employer | (Optional) | |
| Date 10-11-200[| | it of state PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| Principal occup | pation (Optional) | Employer | (Optional) | |
| Date 10-11-2001 | | al ot state PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| Principal occup | oation (Optional) | Employer | (Optional) | |
| Date 10-11-2001 | <u></u> | nt of state PAC | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (if available) |
| Principal occup | pation (Optional) | Employer | (Optional) | |
| Date 10-12-200í | Full name of contributor | at of state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| Principal occup | pation (Optional) | Employer | (Optional) | L |
| Date 10-12-2001 | Pate & Pate Enterprises, Inc. Contributor address; City; State; Zip Code | at ot state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | The Woodlands, TX 77380 | T1: | (0-1) | |
| Principal occup | pation (Optional) | Employer | (Optional) | |

| The Instruction | Guide explains how to complete this form. | | | Total pages this Schedule: 10 |
|--------------------|--|-----------------|---|--|
| FILER NAME: | Rebuild Houston/Together | | | ACCOUNT # (Ethics Commission filers) |
| Date 10-12-2001 | Full name of contributor Jimerson Underground, Inc. Contributor address; City; State; Zip Code Sugar Land, TX 77478 | it of state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-13-2001 | Full name of contributor Weekley Properties Contributor address; City; State; Zip Code | n ol state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| Drivainal accum | | Employer | (Ontional) | |
| Date 10-15-200i | | it of state PAC | Amount of contribution (\$) \$10,000.00 | In-kind contribution description (if available) |
| Principal occup | pation (Optional) | Employer | (Optional) | |
| Date - 10-15-2001 | Full name of contributor D.L. Elliott Enterprises, Inc. Contributor address; City; State; Zip Code Sugar Land, TX 7/4/8 | at of state PAC | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (If available) |
| Principal occup | pation (Optional) | Employer | (Optional) | |
| Date 10-15-200 | | ut of state PAC | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (if available) |
| Principal occup | pation (Optional) | Employer | (Optional) | <u></u> . |
| Date 10-16-2001 | Full name of contributor | ni ot state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (If available) |
| Principal occup | oation (Optional) | Employer | (Optional) | |

SCHEDULE C (FOR FORMS C/OH & SPAC)

Total pages this Schedule: 10 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) FILER NAME: Rebuild Houston/Together Amount of In-kind contribution Full name of contributor Out of state PAC Date contribution (\$) description (if available) Peltier Brothers Construction, Inc. 10-16-2001 \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77064 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution out of state PAC Full name of contributor Date contribution (\$) description (if available) Siebert Brandford Shank & Co. LLC 10-16-2001 \$5,000.00 Zip Code Contributor address; City; State; new York, NY 10022 Employer (Optional) Principal occupation (Optional) Amount of contribution (\$) In-kind contribution Full name of contributor Out of state PAC Date description (if available) 10-16-2001 LEM Construction Co., Inc. \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77099 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution Full name of contributor out ot state PAC Date contribution (\$) description (If available) 10-16-2001 U.S. Bancorp Piper Jaffay \$2,500.00 Contributor address; State; Zip Code City: Houston, TX 77002 Employer (Optional) Principal occupation (Optional) - In-kind contribution description (if available) Amount of -- **1**0ut of state PAC Full name of contributor Date contribution (\$) 10-16-2001 Texas Sterling Construction, Inc. \$5,000.00 Zip Code Contributor address; City; State; Houston, TX 77060 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution Full name of contributor out of state PAC Date contribution (\$) description (if available) 10-16-2001 Pfeiffer & Son, Ltd. \$1,000.00 Contributor address; City; State; Zip Code La Porte, TX 77572 Employer (Optional) Principal occupation (Optional)

| The Instruction | | Total pages this Schedule: 10 | | |
|---------------------|---|-------------------------------|--|---|
| FILER NAME: | Rebuild Houston/Together | | ACCOUNT # (Ethics Commission filers) | |
| Date 10-16-2001 | Full name of contributor Earth Material Services, L.L.C. Contributor address; City; State; Zip Code Humble, TX 77396 | t of state PAC | Amount of contribution (\$) \$2,000.00 | In-kind contribution description (if available) |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-16-200 l | Full name of contributor Shumaker-Harvey Equipment Co., Inc. Contributor address; Clty; State; Zip Code Montgomery, TX 77356 | t of state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (If available) |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-17-200i | Full name of contributor Tunnells & Shafts Construction, Inc. Contributor address; City; State; Zip Code Houston, TX 77016 | it of state PAC | Amount of contribution (\$) | In-kind contribution description (if available) |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-17-2001 | Full name of contributor Laughlin Environmental, Inc. Contributor address; City; State; Zip Code Houston, TX 77020 | nt oil state PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (If available) |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-17-200 | Full name of contributor Bill Baker & Company, Inc. Contributor address; City; State; Zip Code Houston, TX 77069 | it of state PAC | Amount of contribution (\$) \$1,000.00 | ∵In-kind contribution description (If available) |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-17-200 | Full name of contributor Metro-Tex Fabricators, Inc. Contributor address; City; State; Zip Code | ot at state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| District 1 | Houston, TX 77287-7705 | E1 | (Ontional) | |
| Principal occup | ation (Optional) | Employer | (Ориолаг) | |

SCHEDULE C (FOR FORMS C/OH & SPAC)

Total pages this Schedule: 10 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) FILER NAME: Rebuild Houston/Together Amount of In-kind contribution out of state PAC Full name of contributor Date description (if available) contribution (\$) 10-17-200 Bowtex Company \$200.00 Contributor address: City; State; Zip Code Houston, TX 77280-0125 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution out of state PAC Full name of contributor Date contribution (\$) description (If available) 10-17-2001 Best Sand & Trucking Co., Inc. \$500.00 Contributor address; City; State; Zip Code Houston, TX 77049-3455 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution Full name of contributor Out of state PAC Date description (if available) contribution (\$) 10-17-2001 C.E. Barker, Inc. \$1,500.00 Contributor address; City; State; Zip Code Montgomery, TX 77356 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of Full name of contributor out of state PAC Date contribution (\$) description (if available) 10-18-2001 Bean Construction Co. \$1,000.00 Contributor address; City; State; Zip Code stattord, TX 77497-0988 Employer (Optional) Principal occupation (Optional) In-kind contribution description (if available) Amount of Out of state PAC Date Full name of contributor contribution (\$) ACT Pipe & Supply, Ltd. 10-18-2001 \$1,000.00 Zip Code City; State; Contributor address; Houston, TX 77041 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution Quit of state PAC Full name of contributor Date contribution (\$) description (if available) 10-18-200| Mikedon \$200.00 Contributor address; City; State; Zip Code riouston, TX 77287-7440 Employer (Optional) Principal occupation (Optional)

(FOR FORMS C/OH & SPAC)

| The Instruction G | Guide explains how to complete this form. | | | Total pages this Schedule: 10 |
|--------------------|--|------------------|--|--|
| FILER NAME: F | Rebuild Houston/Together | | | ACCOUNT # (Ethics Commission filers) |
| 10-18-2001 E | | it at state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| I. | Houston, TX 77054 | _ | | |
| Principal occupati | ion (Optional) | Employer | (Optional) | |
| 10-18-2001 C | Charles Mgbeike | it of state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code Houston, TX 77036 | | . 200 | |
| Principal occupati | ion (Optional) | Employer | (Optional) | |
| | Full name of contributor OYDA Structural Engineers, Inc. | ut on state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code Houston, TX 77098-4511 | | | |
| Principal occupat | ion (Optional) | Employer | (Optional) | |
| 10-18-2001 J | Full name of contributor I aymark Engineering Corporation Contributor address; City; State; Zip Code Houston, TX 77267-1341 | ut ot state PAC | Amount of contribution (\$) \$2,000.00 | In-kind contribution description (If available) |
| Principal occupat | tion (Optional) | Employer | (Optional) | |
| 10-18-200 I | Full name of contributor Hanson Pipe & Products, Inc. Contributor address; City; State; Zip Code Dallas, TX 75219-0999 | out of state PAC | Amount of contribution (\$) \$5,000.00 | In-kind contribution description (If available) |
| Principal occupat | tion (Optional) | Employer | (Optional) | <u> </u> |
| 10-19-2001 | Full name of contributor Contrad Construction Co, Inc. Contributor address; City; State; Zip Code | DUI OI STATE PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (If available) |
| | Houston, TX 77284 | Employer | (Optional) | |
| Principal occupat | non (Opnonai) | Linbroyer | (Optional) | |

| The Instruction | Guide explains how to complete this form. | **- | | Total pages this Schedule: 10 |
|--------------------|---|------------------|--|--|
| FILER NAME: | Rebuild Houston/Together | | | ACCOUNT # (Ethics Commission filers) |
| Date 10-22-2001 | Arthur Andersen | ut at state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code Houston, TX 77002-2786 | | | |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-23-2001 | Full name of contributor Goldman Sachs & Co. | out at state PAC | Amount of contribution (\$) \$5,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code New york, NY 10004 | | | |
| Principal occup | ation (Optional) | Employer | (Optional) | |
| Date 10-24-2001 | Full name of contributor Ramirez & Co, Inc. | out at state PAC | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code New York, NY 10006 | | | |
| Principal occup | nation (Optional) | Employer | (Optional) | |
| Date 10-24-200 | | out at state PAC | Amount of contribution (\$) \$2,500.00 | in-kind contribution description (if available) |
| Principal occur | pation (Optional) | Employer | (Optional) | <u> </u> |
| Date 10-24-2001 | | out at state PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if evailable) |
| | Houston, TX 77240-0336 | | <u></u> | |
| Principal occup | oation (Optional) | Employer | (Optional) | |
| Date 10-24-2001 | | out of state PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code Houston, TX 77083 | | | |
| Principal occup | pation (Optional) | Employer | (Optional) | |

| The Instruction | Total pages this Schedule: 10 | | | | | |
|--------------------|--------------------------------------|-----------------|--|--|--|--|
| FILER NAME: | FILER NAME: Rebuild Houston/Together | | | | | |
| Date 10-25-2001 | | ut of state PAC | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (if available) | | |
| Principal occup | oation (Optional) | Employer | (Optional) | | | |
| Date 10-25-200 | | ut of state PAC | Amount of contribution (\$) \$2,500.00 | in-kind contribution description (If available) | | |
| Principal occup | pation (Optional) | Employer | (Optional) | | | |

POLITICAL EXPENDITURES

| The Instruction Guide | explains how to complete this form. | | Total pages Schedule F: 10 |
|--------------------------------------|--|---------------------------------|--|
| FILER NAME: Rel | build Houston/Together | | ACCOUNT #: (Ethics Commission filers |
| Date | Payee name Payee address | | Amount (\$) |
| 9-28-2001 | Texas Printing 4715 Main St Houston, TX 77002 | | \$6,000.00 |
| Purpose of expendit | rure (See instructions regarding type of information required.) | ** Complete it Candidate / C | if direct expenditure to benefit C/OH Officeholder name Office sought / h |
| Date | Payee name Payee address | - | Amount (\$) |
| 10-2-2001 | Amy Pierce 4420 Effie Houston, TX 77005 | | \$6,000.00 |
| Purpose of expendi Consulting fee | | ** Complete i Candidate / C | e if direct expenditure to benefit C/OH Officeholder name Office sought / h |
| Date | Payee name Payee address | | Amount (\$) |
| 10-4-2001 | Career Placement Temporaries 444 Richmond Ave. Houston, TX 77027-6798 | | \$125.84 |
| Purpose of expend | ture. (See instructions regarding type_of information required.) | ** Complete Candidate / (| e if direct expenditure to benefit C/OH / Officeholder name Office sought / I |
| Date | Payee name Payee address | | Amount (\$) |
| 10-4-2001 | Ameriban 5809 Westview Houston, TX 77055 | | \$7,470.00 |
| Purpose of expend Stakes | liture (See instructions regarding type of information required.) | ** Complete Candidate / | e if direct expenditure to benefit C/OH / Officeholder name |
| | Payee name Payee address | | Amount (\$) |
| 10-4-2001 | Walden and Associates 55 Waugh Dr, Ste 610 Houston, TX 77007 | | \$5,000.00 |
| • | diture (See instructions regarding type of information required.) ervices and consulting fee | ** Complete Candidate / | te if direct expenditure to benefit C/OH / Officeholder name |

| The Instruction Guide | explains how to complete this form. | | Total pages Schedule F: 10 |
|---------------------------------------|---|--------------------------------------|--|
| FILER NAME: Ret | build Houston/Together | | ACCOUNT #: (Ethics Commission filers) |
| Date 10-4-2001 | Payee name Payee address Jessup Consulting 14027 Memorial Dr, Ste 338 Houston, TX 77079 | | Amount (\$) \$5,000.00 |
| Purpose of expenditu | lure (See instructions regarding type of information required.) | ** Complete if d Candidate / Offi | irect expenditure to benefit C/OH ** ceholder name Office sought / held |
| Date 10-4-2001 | Payee name Payee address Ella Schubert 11250 Briar Forest #106 Houston, TX 77042 | | Amount (\$) \$1,000.00 |
| Purpose of expendite Consulting fee | ure (See instructions regarding type of information required.) | ** Complete if c Candidate / Off | lirect expenditure to benefit C/OH ** iceholder name Office sought / held |
| Date 10-5-2001 | Payee name Payee address Rio Bravo Pictures 101 Crawford, Ste. 2R Houston, TX 77002 | <u> </u> | Amount (\$) \$11,875.50 |
| Purpose of expendit Production fee | ure (See instructions regarding type of information required.) | ** Complete if c Candidate / Off | direct expenditure to benefit C/OH ** iceholder name Office sought / held |
| Date 10-5-2001 | Payee name Payee address US Postmaster 401 Franklin Houston, TX 77002 | | Amount (\$) \$340.00 |
| Purpose of expendit Postage | ure (See instructions regarding type of information required.) | ** Complete if Candidate / Of | direct expenditure to benefit C/OH ** ficeholder name Office sought / hel |
| Date 10-5-2001 | Payee name Payee address Memorial Heights Shop, LTD 820 Gessner Houston, TX 77024 | | Amount (\$) \$500.00 |
| Purpose of expendit | ture (See instructions regarding type of information required.) | ** Complete if Candidate / Of | direct expenditure to benefit C/OH ** ficeholder name Office sought / he |

| The Instruction Guide explains how to complete this form. FILER NAME: Rebuild Houston/Together | | Total pages Schedule F: 10 | |
|---|--|--|--|
| | | | ACCOUNT #: (Ethics Commission filers) |
| Date 10-5-2001 | Payee name Payee address Harris County 1001 Preston | . <u>-</u> | Amount (\$) \$80.00 |
| | Houston, TX 77010 | - Ia | |
| Purpose of expenditum Maps | re (See instructions regarding type of information required.) | Candidate / C | f direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date | Payee name Payee address | ······································ | Amount (\$) |
| 10-5-2001 | Phil Owens 7700 Willowchase Houston, TX 77070 | | \$1,000.00 |
| Purpose of expenditu Consulting fee | ure (See instructions regarding type of information required.) | ** Complete Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date | Payee name Payee address | <u> </u> | Amount (\$) |
| 10-06-2001 | Morrison Design and Advertising 1113 Vine St #110 Houston, TX 77002 | | \$1,052.23 |
| Purpose of expenditure Design service | ure_ (See instructions regarding type of information required.) | ** Complete Candidate / 0 | if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |
| Date | Payee name Payee address | | Amount (\$) |
| 10-8-2001 | Office Max 1576 West Gray Houston, TX 77098 | | \$31.15 |
| Purpose of expendit Campaign sup | ure (See instructions regarding type of information required.) | ** Complete Candidate / | if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |
| Date 10-10-2001 | Payee name Payee address Stone & Stone 9019 Sutter Ranch Dr Houston, TX 77064 | , <u>-</u> - | Amount (\$) \$71,746.50 |
| Purpose of expendit Advertising | rure (See instructions regarding type of information required.) | ** Complete Candidate / | if direct expenditure to benefit C/OH ** Officeholder name Office sought / he |

| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 10 | |
|---|--|---------------------------------------|--|
| FILER NAME: Rebuild Houston/Together | | ACCOUNT #: (Ethics Commission filers) | |
| Date | Payee name Payee address | | Amount (\$) |
| 10-11-2001 | Coleman Strategies 5445 Almeda, Ste 401 Houston, TX 77004 | | \$47,830.00 |
| Purpose of expenditu Advertising | re (See instructions regarding type of information required.) | ** Complet Candidate | ete if direct expenditure to benefit C/OH ** e / Officeholder name Office sought / he |
| Date | Payee name Payee address | | Amount (\$) |
| 10-11-2001 | Texas Printing 4715 Main St Houston, TX77002 | | \$2,497.92 |
| Purpose of expenditu Printing | ure (See instructions regarding type of information required.) | ** Comple Candidate | ete if direct expenditure to benefit C/OH ** e / Officeholder name Office sought / he |
| Date | Payee name Payee address | | Amount (\$) |
| 10-11-2001 | Texas Printing 4715 Main St Houston, TX 77002 | | \$22,905.73 |
| Purpose of expendit Printing | ure (See instructions regarding type of information required.) | ** Comple Candidate | ete if direct expenditure to benefit C/OH ** e / Officeholder name |
| | Payee name Payee address | | Amount (\$) |
| 10-11-2001 | Payee name Payee address US Postmaster 401 Franklin Houston, TX 77002 | | \$680.00 |
| Purpose of expendit Postage | ure (See instructions regarding type of information required.) | ** Comple Candidate | ete if direct expenditure to benefit C/OH ** e / Officeholder name |
| | | | |
| Date 10-11-2001 | Payee name Payee address Robin Broussard 5625 deSoto #6207 Houston, TX 77091 | | Amount (\$) \$1,540.75 |
| • | ture (See instructions regarding type of information required.) nt for event expenses | ** Comple Candidate | ete if direct expenditure to benefit C/OH * le / Officeholder name Office sought / he |

| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 10 | |
|---|--|---------------------------------------|--|
| FILER NAME: Rebuild Houston/Together A | | ACCOUNT #: (Ethics Commission filers) | |
| Date | Payee name Payee address | | Amount (\$) |
| 10-15-2001 | Kathryn C. McNeil P.O. Box 131835 Houston, TX 77219 | | \$2,000.00 |
| Purpose of expenditu Consulting fee | re (See instructions regarding type of information required.) | Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date 10-15-2001 | Payee name Payee address Sheree D. McCarty 10101 S Gessner #303 Houston, TX 77071 | | Amount (\$) \$30,000.00 |
| • | t for GOTV efforts and contract labor expenses | **-Complete Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date | Payee name Payee address | · | Amount (\$) |
| 10-15-2001 | Campo Communications 816 Ralfallen Houston, TX 77008 | | \$25,205.00 |
| Purpose of expenditu Advertising | ure (See instructions regarding type of information required.) | ** Complete Candidate / 0 | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date | Payee name Payee address | | Amount (\$) |
| 10-16-2001 | Royal Office Products 2055 Silber Rd Ste 310 Houston, TX 77055 | | \$496.05 |
| Purpose of expendite Campaign supp | ure (See instructions regarding type of information required.) | ** Complete Candidate / | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date | Payee name Payee address | | Amount (\$) |
| 10-16-2001 | Rio Bravo Pictures 101 Crawford, Ste. 2R Houston, TX 77002 | | \$6,285.75 |
| Purpose of expendit Production fee | ure (See instructions regarding type of information required.) | ** Complete Candidate / | e if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |

| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 10 | |
|---|---|---------------------------------------|--|
| FILER NAME: Rebuild Houston/Together ACC | | ACCOUNT #: (Ethics Commission filers) | |
| Date 10-17-2001 | Payee name Payee address Stone & Stone 9019 Sutter Ranch Dr Houston, TX 77064 | | Amount (\$) \$71,746.50 |
| Purpose of expenditu Advertising | re (See instructions regarding type of information required.) | ** Complete it Candidate / C | I f direct expenditure to benefit C/OH ** officeholder name Office sought / held |
| Date 10-18-2001 | Payee name Payee address Campaign Strategies 515 Post Oak Blvd., Ste.120 Houston, TX 77027 | | Amount (\$) \$15,624.29 |
| Purpose of expenditu Postage | ure (See instructions regarding type of information required.) | ** Complete i Candidate / C | f direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |
| Date 10-18-2001 | Payee name Payee address Coleman Strategies 5445 Almeda, Ste 401 Houston, TX 77004 | | Amount (\$) \$3,000.00 |
| Purpose of expenditor Consulting fee | ure (See instructions regarding type of information required.) | ** Complete i Candidate / C | f direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |
| Date 10-18-2001 | Payee name Payee address Gulf Coast Hot Shot PO Box 720569 Houston, TX 77272 | <u> </u> | Amount (\$) \$147.00 |
| Purpose of expendit Courier service | ure (See instructions regarding type of information required.) | Candidate / C | if direct expenditure to benefit C/OH *** Officeholder name Office sought / he |
| Date 10-18-2001 | Payee name Payee address Sheree D. McCarty 10101 S Gessner #303 Houston, TX 77071 | - | Amount (\$) \$54,549.60 |
| | ure (See instructions regarding type of information required.) at for GOTV efforts and contract labor expenses | ** Complete Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / he |

| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 10 | |
|---|--|---------------------------------------|---|
| FILER NAME: Rebuild Houston/Together | | ACCOUNT #: (Ethics Commission filers) | |
| Date 10-19-2001 | Payee name Payee address Phil Owens 7700 Willowchase Houston, TX 77070 | | Amount (\$) \$1,625.00 |
| • | re (See instructions regarding type of information required.) for grassroots activities | " Complete i Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date 10-19-2001 | Payee name Payee address Campaign Strategies 515 Post Oak Blvd., Ste.120 Houston, TX 77027 | | Amount (\$) \$1,951.51 |
| Purpose of expenditu Postage | ure (See instructions regarding type of information required.) | . ** Complete Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date 10-19-2001 | Payee name Payee address Matt Emal P.O. Box 230146 Houston, TX 77223 | | Amount (\$) \$10,000.00 |
| Purpose of expenditu | ure (See instructions regarding type of information required.) | ** Complete Candidate / (| if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date 10-22-2001 | Payee name Payee address Phil Owens 7700 Willowchase Houston, TX 77070 | | Amount (\$) \$1,500.00 |
| Purpose of expendit Consulting fee | ure (See instructions regarding type of information required.) | " Complete Candidate / | if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date 10-22-2001 | Payee name Payee address South Belt Reader 11555 Beamer Houston, TX 77089 | | Amount (\$) \$1935.00 |
| Purpose of expendit Advertising | ure (See instructions regarding type of information required.) | ** Complete Candidate / | if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |

| The Instruction Guide explains how to complete this form. FILER NAME: Rebuild Houston/Together | | Total pages Schedule F: 10 ACCOUNT #: (Ethics Commission filers) | |
|---|---|---|--|
| | | | |
| 10-22-2001 | Campaign Strategies 515 Post Oak Blvd., Ste.120 Houston, TX 77027 | | \$2,800.11 |
| Purpose of expenditu Printing | ure (See instructions regarding type of information required.) | ** Complete Candidate / | e if direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date | Payee name Payee address | | Amount (\$) |
| 10-22-2001 | Office Max 1576 West Gray Houston, TX 77098 | | \$70.54 |
| Purpose of expendite Supplies | ure (See instructions regarding type of information required.) | ** Complete Candidate / | e if direct expenditure to benefit C/OH ** / Officeholder name |
| Date | Payee name Payee address | | Amount (\$) |
| 10-22-2001 | WC Management 402 West 16th St Houston, TX 77008 | | \$2,977.30 |
| Purpose of expendit Mailing expens | ure (See instructions regarding type of information required.) | ** Complete Candidate | e if direct expenditure to benefit C/OH ** / Officeholder name Office sought / he |
| Date | Payee name Payee address | | Amount (\$) |
| 10-23-2001 | Universal Printing 402 Cortlandt @4th St Houston, TX 77007 | | \$716.62 |
| Purpose of expendit Printing | ure (See instructions regarding type of information required.) | ** Complet Candidate | te if direct expenditure to benefit C/OH ** / Officeholder name Office sought / he |
| Date | Payee name Payee address | | Amount (\$) |
| 10-24-2001 | Texas Printing 4715 Main St Houston, TX 77002 | | \$2,598.00 |
| Purpose of expendi | ture (See instructions regarding type of information required.) | **: Complet Candidate | te if direct expenditure to benefit C/OH */ / Officeholder name Office sought / he |

| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 10 | |
|---|---|--------------------------------------|---|
| FILER NAME: Rebuild Houston/Together | | ACCOUNT #: (Ethics Commission flers) | |
| Date 10-24-2001 | Payee name Payee address Xpedx 2201 Taylor Houston, TX 77007 | | Amount (\$) \$546.45 |
| Purpose of expenditu Campaign supp | re (See instructions regarding type of information required.) | ** Complete i Candidate / C | f direct expenditure to benefit C/OH ** Officeholder name Office sought / held |
| Date 10-25-2001 | Payee name Payee address Loretta's Floral Design 1909 Blodgett Houston, TX 77004 | | Amount (\$) \$166.46 |
| Purpose of expenditu | ure (See instructions regarding type of information required.) | ** Complete Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |
| Date 10-25-2001 | Payee name Payee address Soundmaster/Scotty McKeever 9717 Jensen Dr. Houston, TX 77093 | | Amount (\$) \$825.00 |
| Purpose of expenditu Audio producti | ure (See instructions regarding type of information required.) on fees | ** Complete - Candidate / (| if direct expenditure to benefit C/OH ** Office holder name Office sought / he |
| Date 10-25-2001 | Payee name Payee address KCOH- AM 5011 Almeda Rd Houston, TX 77004 | | Amount (\$) \$2,000.00 |
| Purpose of expenditor Advertising | ure (See instructions regarding type of information required.) | ** Complete Candidate / (| if direct expenditure to benefit C/OH ** Officeholder name Office sought / he |
| Date 10-25-2001 | Payee name Payee address Astro Audio Video 1336 West Gray Houston, TX 77019 | | Amount (\$) \$1,282.75 |
| Purpose of expendit | ure (See instructions regarding type of information required.) | ** Complete Candidate / | if direct expenditure to benefit C/OH ** Officeholder name Office sought / he |

| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 10 | |
|--|--|---------------------------------------|---|
| FILER NAME: Rebuild Houston/Together | | ACCOUNT #: (Ethics Commission filers) | |
| Date 10-25-2001 | Payee name Payee address Stone & Stone 9019 Sutter Ranch Dr Houston, TX 77064 | | Amount (\$) \$71,746.50 |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | ** Complete Candidate / C | if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |
| Date 10-26-2001 | Payee name Payee address Phil Owens 7700 Willowchase Houston, TX 77070 | | Amount (\$) \$600.00 |
| Purpose of expendito | ure. (See instructions regarding type of information required.) t for expenses | ** Complete Candidate / 0 | if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel |
| Date 10-26-2001 | Payee name Payee address Jeff Crook 7700 Willowchase Houston, TX 77070 | | Amount (\$) \$325.00 |
| Purpose of expendit | ure (See instructions regarding type of information required.) | ** Complete Candidate / 6 | if direct expenditure to benefit C/OH ** Officeholder name Office sought / he |
| Date 10-26-2001 | Payee name Payee address Mike Welborn 10910 Mist Lane Houston, TX 77070 | | Amount (\$) \$500.00 |
| Purpose of expendit | ure (See instructions regarding type of information required.) | | if direct expenditure to benefit C/OH ** Officeholder name Office sought / he |
| Date 10-26-2001 | Payee name Payee address Peggy Dean 1010 Old Mill Rd Houston, TX 77073 | | Amount (\$) \$400.00 |
| Purpose of expending Signs | ture (See instructions regarding type of information required.) | ** Complete Candidate / | if direct expenditure to benefit C/OH ** Officeholder name Office sought / he |